

Statements made at the Stakeholder Workshop

Intervention of Coalition of Regional Networks on HIV/AIDS on behalf of NGO PCB Delegates and other civil society members

The following points reflect the views of the NGO Delegation and other civil society partners who are present here today.

The last five year evaluation recommends the status of NGO members of the PCB can be changed to full voting members. The PCB has discussed this issue and it comes up consistently across the constituents that the NGO Delegation represents. We would be interested to know how this evaluation has reached a different conclusion.

Taking into account that UNAIDS was created, in large part, in response to civil society mobilization across the world to respond to the HIV/AIDS epidemic, We hope that the final report examines in greater detail how UNAIDS is involving and working with civil society at all levels. We are concerned that the current findings reflect what appears to be an evaluation of the value added of civil society participation per se, rather than UNAIDS effectiveness in working with us.

There is very interesting information coming out of the analysis of the 12 countries thus far. However, it is important to exercise caution in making broad generalizations. We look forward to reading the final report and to seeing that the results from this consultation are reflected.

It is apparent that there is little civil society representation here today. We hope you will note the percentage of civil society who volunteered as rapporteurs in relation to the Member States, Co-sponsors and UNAIDS Secretariat. We will commit to sending the preliminary findings of the Evaluation Team to our constituencies for their comments to be incorporated.

The scope and the reach of the UBW needs to be clarified.

Evaluation team needs to be independent and needs to understand UNAIDS and what UNAIDS does. Seemed to come with strong opinions and often expressed their lack of knowledge of unaid and question how that influenced the process.

Intervention by Kenya: The Second Independent Evaluation of UNAIDS 2002-2008, Stakeholder Consultation Document on Preliminary Findings

Thank you Chair

Thank you the Oversight Committee and the Evaluation Team for the report on stakeholder consultation document on preliminary evaluation findings, which is very provocative, especially the results of table 2 in page 23.

The findings reported from page 22 to page 70 of the document are not only disturbing but suggest a collective failure by the international community in the fight against AIDS. No wonder, we have no vaccine, no cure and everyday, the number of new HIV infections more than doubles the number of new AIDS patients started on anti-retroviral treatment.

Mr Chair,

In page 2 under the response to recommendations from the five-year evaluation, Can the evaluation team elaborate the causes of less progress in UNAID Governance, Financial management and Country level reforms as recommended.

It appears that the lack of progress in addressing these three critical management areas as identified by the first evaluation of UNAIDS underpins a significant number of the weaknesses identified in the main body of the report.

In page 7 under the evolving role of UNAIDS, the political and religious impact of AIDS on peace and security is not addressed, yet this together with a renewed search for a cure and vaccine are the most important evolving contexts for countries most affected by AIDS especially in Africa.

Has due consideration being given by Evaluation team to a new UNAIDS with stronger mandate, and teeth in view of the peace and security implications of AIDS and HIV infection?

In page 12, under strengthening of health systems, what definition of health systems was used? Findings appear too harsh?

Thank You.

Amb.Dr. Tom Mboya Okeyo

Permanent Mission of Kenya to the United Nations, Geneva

Statement by Denmark on behalf of Denmark, Norway, Finland, Switzerland, Sweden, Austria and Iceland

Speaking points for the stakeholder meeting 3 June 2009 on the Preliminary findings of the Second Independent Evaluation of UNAIDS.

I would like to make this intervention on behalf of my own PCB constituency consisting of Norway, Finland and Denmark as well as of the constituency consisting of Switzerland, Sweden, Austria and Iceland.

I. Introduction

- First of all, I would like to express our appreciation of this opportunity to discuss the findings presented in the consultation document.
- We are aware that this evaluation is a huge exercise based on very comprehensive TOR, and dealing with a very complex institutional structure.
- The consultation document presents many interesting findings and in many ways provides an excellent basis for discussion.
- At the same time we note that the analysis and conclusions are still preliminary and that the reader is advised to exercise caution over the findings until all information has been fully synthesised and cross-checked.
- I would like to stress that our comments are made in a positive spirit and hope they may provide a useful contribution to the finalisation of the evaluation report.

II. Methodology

With the above mentioned reservations as regards the preliminary nature of the document we are concerned that the findings presented are affected by some methodological weaknesses:

- There is a lack of transparency, including how the stakeholder input and web surveys are used. One aspect is the complexity of the web questionnaires. Although there may have been a high response rate we are concerned that due to insufficient knowledge, the information provided by the respondents may be less reliable. Furthermore, it is not evident how the report deals with potential answer bias when UNAIDS Secretariat responses to the web survey are used to evaluate the various UNAIDS contributions.
- There is limited access to the background information used by the Evaluation Team, including the country case reports most of which were only made available a few days ago.
- The assessment of UNAIDS performance at the country level is not seen to be backed by a systematic analysis of the evidence derived from the country case studies.
- Most of the information is presented in a qualitative way, and the document does not include consideration of the background and context of the evaluated performance.
- The evaluation covers a period of five years but fails to systematically consider whether UNAIDS priorities and performance has changed over time.

- We also find it highly unfortunate that the UNAIDS failure to take the lead on prevention is not addressed, although this was an important part of the terms of reference for the evaluation
- The document does not present or discuss UNAIDS budgets as an instrument for allocation and even less as an effective management tool. Consequently, it also fails to analyse how UNAIDS has allocated its resources over time which would provide an opportunity to assess how UNAIDS has reacted to change. We would want to stress the potential importance of the UBW as crucial framework for the joint programme and the need to have clear recommendations on how to develop this tool further.

III. Outcomes

- The overall assessment of the outcomes is positive on UNAIDS performance in regard to i) involvement of civil society, ii) human rights (especially at HQ level), and iii) greater involvement of People living with HIV/AIDS.
 - At the other end, little or no progress is found when it comes to UNAIDS' efforts to: i) strengthen health systems, ii) implement the Division of Labour and iii) administrate the joint programme.
 - It is of considerable concern that only 50% of the recommendations of the first 5-year evaluation have been fully implemented. In particular, very few recommendations concerning governance have been put in place, although we note that for those
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Written comments available at the Stakeholder Workshop:

Catholic Relief Services

First, Congratulations on an excellent draft report. Second, analysis and conclusions seem to appropriately stem from the depth of information from key informants, survey, and country visits. My comments follow:

1) I was surprised that FBOs were not mentioned more; their mention only appear in a few sections: "Involving and Working with Civil Society", " Human Rights", and "The Greater More Meaningful Involvement of PLHIV". One would have expected to see FBOs mentioned in the section on "Strengthening Health Systems" since FBOs provide 30-70% of health care in much of the developing world. One specific area of health system for which FBOs are undervalued is in the area of Supply Chain Management where they have decades of experience in forecasting, procurement and distribution of pharmaceuticals and hospital supplies, often equal to or rivaling that of many Ministries of Health. They also have unrivaled access to armies of community volunteers that are now seen as the backbone of successful adherence to antiretroviral therapy.

2) several of the country reports contained an early footnote defining the term "Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media." This was helpful and missing from the draft report.

3) pg 8 bullet on "UNAIDS has been eggetive at developing reationships with partners": "31% of NGOs considered UNAIDS to be 'not very effective' at developing good working relationships". The FBO experience has often been one of being turned away when they have knocked at the door of UNAIDS for technical assistance or seeking to participate in some consultation or workshop. Often UNAIDS at country level only knows of a very few of the FBO partners in country and so when FBOs are invited by UNAIDS to participate it is often different FBOs at different meetings, lacking concistency of representation or inappropriate group to represent on specific content of meetings/workshops. Regarding CCMs, FBOs are underrepresented (yet they provide 30-70% of health services in many countries); UNAIDS needs to play its role as convener to ensure more meaningful involvement of civil society, including FBOs.

4) pg 45, statement "At country level there are no common objectives or deliverables relating to civil society engagement for joint teams and UNAIDS does not engage with civil society in a coherent manner." and pg 48 statement "Again, however, outcomes are not captured systematically. This reflects the fact that efforts have emphasised representation without a common understanding of the objectives of civil society involvement and the lack of clearly defined indicators to measure outcomes."

It would certainly make things easier if there were clear objectives. Please include FBOs specifically when plans are being made to rectify this situation---to jointly develop common objectives and outcome measures.

5) pg 46, statement "while some governments recognise the role of civil society in service delivery, they are less comfortable with civil society engagement in advocacy"

and I would add in the case of token involvement of FBOs (and other civil society players) in Global FUnd CCMs, funding; participation of FBOs on many CCMs often does not lead to funding awards. Only 5% of GF funds are going to FBOs.

Again, sorry I can't be present. Thank you for the opportunity to submit my remarks for consideration in the discussions of the next two days. All the best.

Kind regards,

Carl

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UNAIDS Staff Association



Second Independent Evaluation of UNAIDS **USSA comments on the Stakeholder Consultation Document on** **Preliminary Evaluation Findings**

3 June 2009

The UNAIDS Secretariat Staff Association (USSA) welcomes the opportunity to provide comments on the **Stakeholder Consultation Document on Preliminary Evaluation Findings** of the Second Independent Evaluation of UNAIDS, and appreciates having been invited to participate in the Stakeholder Workshop on 3-4 June 2009 in Geneva. We are also grateful for the Evaluation Team having taken time to meet and speak with Staff Association Executive Committee members on several occasions, both in Geneva and in countries, since the September 2008 Stakeholder Workshop.

The comments by the USSA focus on Section **Q (f)**, “**The administration of the Joint Programme**”, which most directly relates to the well-being of staff, including open and transparent processes especially with regards to the application of staff regulations, rules and policies. As a general comment, the USSA welcomes recommendations which would strengthen governance and transparency both in terms of UNAIDS as the Joint Programme, and as the Secretariat.

The USSA finds itself in agreement with the general findings of the evaluation team with regards to “administration of the Joint Programme”. While improvement has been observed in recent years with regards to the different contract and administration systems, they continue to pose considerable stress on staff. This applies specifically for support staff in the field (often on UNDP contracts). While USSA considers everybody on long-term contracts as “UNAIDS staff”, UNDP contract holders often find themselves between two worlds: neither considered as “UNDP staff”, nor really seen as “UNAIDS staff”. Appeal processes and entitlements are different according to the different staff regulations and rules, and access to learning and development opportunities is limited.

USSA has constructively engaged the UNAIDS Secretariat administration in discussions about this, including the long-standing issue of special service agreements (SSAs) for staff who are funded with extra-budgetary funds. SSA contract holders have very limited entitlements and are not considered as UN staff. USSA is optimistic that the UNAIDS Secretariat is serious about addressing these issues, and has been offered full participation in the process of developing an overall Human Resources strategy, as well as any future review of MoUs and working arrangements with WHO and UNDP.

Another area of concern for the USSA is the lack of both competency framework for all positions, and an effective and transparent performance appraisal system. This creates

uncertainties for staff and the perception that it is not clear why certain staff occupy certain positions. USSA is well aware that the UNAIDS Secretariat has started to address these issues and has been offered again full participation in this process.

The USSA would recommend that the evaluation team deepen its analysis on distribution of UNAIDS staff (including by grade) in Geneva, Regional Support Teams and country level. Although the number of staff has increased in recent years there has also been increased demand for country support, and engagement with an evolving and more complex multilateral system. However, concern has been expressed by some staff that responsibilities and staffing levels within the UNAIDS Secretariat have not been appropriately distributed. In addition to what this may mean for ability to deliver on the UNAIDS mandate, the USSA is concerned about what this has meant for some staff members in terms of maintaining a manageable workload and achieving “work-life balance”.